

06/24/2003

22264 U.S. PTO  
10/671109

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.: S-100,630
		First Inventor or Application Identifier: Herbert O. Funsten
		Title: FOIL ELECTRON MULTIPLIER
		Express Mail Label No.: ET461825869US
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i>		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification [ Total Pages: 18 ] <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Descriptive title of the Invention</li> <li><input type="checkbox"/> Cross References to Related Applications</li> <li><input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&amp;D</li> <li><input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix</li> <li><input checked="" type="checkbox"/> Background of the Invention</li> <li><input checked="" type="checkbox"/> Brief Description of the Drawings (if filed)</li> <li><input checked="" type="checkbox"/> Detailed Description</li> <li><input checked="" type="checkbox"/> Claim(s)</li> <li><input checked="" type="checkbox"/> Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statement verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>		
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documentation)		
9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney		
10. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations		
11. <input type="checkbox"/> Preliminary Amendment		
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>		
13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i)		
15. <input type="checkbox"/> Other:		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. S-100,630. Prior application information: Examiner: Group/Art Unit:		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
<b>16. CORRESPONDENCE ADDRESS</b>		
<input type="checkbox"/> Customer Number 350681 OR <input type="checkbox"/> Correspondence Address Below		
<i>(Insert Customer No. or Attach Bar Code Label here)</i>		
Name: <b>Mark N. Fitzgerald</b> Address: <b>Los Alamos National Laboratory, LC/IP, MS A187</b> City: <b>Los Alamos</b> State: <b>New Mexico</b> Zip Code: <b>87545</b> Country: <b>United States</b> Telephone: <b>(505) 665-5187</b> Fax: <b>(505) 665-4424</b>		
Name: <b>Mark N. Fitzgerald</b>		Registration No.: 48,300
Signature:		Date: <b>9/25/02</b>

# FEE TRANSMITTAL

## For FY 2003

*Patent fees are subject to annual revision  
(submit an original and a duplicate for fee processing)*

Complete if Known	
Application Number:	
Filing Date:	
First Named Inventor:	Herbert O. Funsten
Examiner Name:	
Group/Art Unit:	
Attorney Docket No.:	S-100,630

### METHOD OF PAYMENT

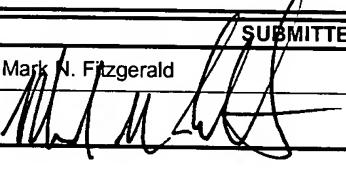
1.  The commissioner is hereby authorized to charge indicated fees and credit any over payments to:  
Deposit Account Number: 12-2150  
Deposit Account Name: Los Alamos National Laboratory  
 Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17  
 Applicant claims small entity status.  
See 37 CFR 1.27

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee Description	Fee Paid
\$750	\$375		Utility filing fee	375
\$750	\$375		Reissue filing fee	
\$160	\$80		Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>\$375</b>		
<b>2. EXTRA CLAIM FEES</b>				
		Extra Claims	Fee from Fee Paid Below	
Total Claims	20	-20** =	0 X 0 =	0
Independent	1	-3 ** =	0 X 0 =	0
Claims				
Multiple Dependent			=	
<i>** or number previously paid, if greater; For Reissues, see below</i>				
Large Entity	Small Entity	Fee	Fee Description	
\$18	\$9		Claims in excess of 20	
\$84	\$42		Independent claims in excess of 3	
\$280	\$140		Multiple dependent claim, if not paid.	
\$84	\$42		** Reissue independent claims over original patent	
\$18	\$9		** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>\$0</b>		
<b>Other fee (specify)</b> _____				
<b>SUBTOTAL (3)</b>				<b>\$0</b>
Reduced by Basic Filing Fee Paid				
<b>SUBTOTAL FROM 1</b>				<b>\$375</b>
<b>SUBTOTAL FROM 2</b>				<b>\$0</b>
<b>SUBTOTAL FROM 3</b>				<b>\$0</b>
<b>TOTAL AMOUNT OF PAYMENT</b>				<b>\$375</b>

### SUBMITTED BY

SUBMITTED BY			Complete (if applicable)	
Printed Name:	Mark N. Fitzgerald		Reg. No.	48,300
Signature:			Date	9/25/03
			Telephone	(505) 665-5187